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APPLICANTS

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** CONTINUING DATA ***** 5/2/94
 This application is a CON of 07/867,100 06/25/1992 ABN \
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~~(*) Data provided by applicant is not consistent with PTO records.~~

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 07/27/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>RVB</u> Examiner's Signature Initials	STATE OR COUNTRY PA	SHEETS DRAWING 1	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 5
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TITLE
 Chimeric immunoglobulin for CD4 receptors

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)

FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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